

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 552934

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26	1					
27						
28						
29						
30						
31						
32						
33						
34	1					
35	1					
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53						
54	1					
55	1					
56	1					
57						
58						
59						
60						
61						
62						
63						
64						
65	1					
66						
67						
68						
69						
70						
71						
72	1					
73						
74	1					
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	60	←		←		←
TOTAL CLAIMS	75					